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CONFIRMATION NO. 2910

SERIAL NUMBER 10/756,710	FILING OR 371(c) DATE 01/13/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 471.1003 DIV
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APPLICANTS

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** CONTINUING DATA ****

This application is a DIV of 09/845,098 04/27/2001 PAT 6,676,692 *OK AS*

** FOREIGN APPLICATIONS ****

Noel AS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 48	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 16
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Noel AS</i> Examiner's Signature	Initials			

ADDRESS

21831

TITLE

Apparatus for delivering, repositioning and/or retrieving self-expanding stents

FILING FEE RECEIVED 1493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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